| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | | Application or Docket Number 10/540800 | | | |
|--|--|--|---|---|-------------|---|---|---------------------|--|----|---------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENT | ΓΙΤΥ | OR | OTHER SMALL | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE | 7 | RATE | FEE |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LAR | GE ENT. = \$ 300 | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100 | | | ther situations = 3 100 / \$ 200 | | EXAM. FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | All other situation Search Rp = \$ 250 / \$ | t.) | ALL | SA = \$50 / \$100 other countries = 200 / \$400 | | SEARCH FEE | | | SEARCH FEE | 460 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | |] | X \$ 250 = | 1.00 |
| TOTAL CHARGEABLE CLAIMS | | | /5 minus 20 = | | * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 19 mir | nus 3 = | * | | | X \$ 100 = | | OR | X \$ 200 = | |
| | | DENT CLAIM PRI | _ | | | | Ī | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | • | TOTAL | | OR | TOTAL | 960 |
| 4TA | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | MENDED - PART (Colum HIGHE NUMB PREVIO PAID F | | nn 2) (Column 3) EST USLY PRESENT USLY EXTRA | | SMALL E | ADDI- TIONAL FEE | OR | OTHER SMALL E | |
| AMENDMENT A | Total | * | Minus ' | ** | | = | ľ | X \$ 25 = | | OR | X \$ 50 = | FEE |
| AMEN | Independent | * | Minus | *** | | = | I | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | I | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | _ | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colum | | (Column 3) | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID I | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | : | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus * | * | | = | ſ | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus * | ** | | = | ſ | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | ī | FFF | | OR | TOTAL ADDIT. FFF | |
| | If the "Highest Nu | ımn 1 is less than the ımber Previously Paid ımber Previously Paid | d For" IN THIS SPA | CE is less | than '20 |)' enter "20" | | | | | · | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)

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